PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | 10/572 868 | | | | | |
|--|--|---|--------------------|---|---------------------------|----------------------|------------|----------------------------|-----------|--------------------------------|------------------------|--|
| | | CLAIMS | AS FILED - | | (Column 2) | SMA TYPI | TITY | OTHER THAN OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | R | ATE | FEE |] | RATE | FEE | |
| BASIC FEE | | | | | | | FEE | 150 | OR | BASIC FEE | | |
| EXAMINATION FEE | | | | | | EXAM | FEE | 100 | 1 | EXAM. FEE | | |
| SEARCH FEE | | | | | | | CH FEE | 200 | 1 | SEARCH FEE | | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = / 50 = | | | X \$ | 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | // mi | | X \$ | 25 = | | OR | X \$ 50 = | | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = * | | | X \$ | 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | +\$ | 180 = | | OR | + \$ 360 = | | |
| * If | the difference | e in column 1 is | less than zero | o, enter "0" in o | olumn 2 | TC | TAL | 450 | OR | TOTAL | | |
| AMENDMENT A | Total | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | AMENDED Minus | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | SMALL RATE X \$ 25 = | | ADDI- TIONAL FEE | OR OR | OTHER SMALL E RATE X \$ 50 = | | |
| | Independent | * | Minus | *** | = | × \$ | 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 180 = | | OR | + \$ 360 = | | |
| TOTAL ADDIT. FFF FFF FFF | | | | | | | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | R/ | ATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | = | ×\$ | 25 = | | OR | X \$ 50 = | | |
| | Independent | * | Minus | *** | = | X \$ | 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +\$ | 180 = | | OR | + \$ 360 = | | |
| | | | | | | | ADDIT. | | OR | TOTAL ADDIT. FFF | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.